



Maine SHNAPP Community Engagement Phase  
 Summary Report of Forum & Event Input  
 Midcoast Public Health District  
 June 2016

This serves as a brief summary report of the input provided by community members attending the 4 community forums and 25 community events that took place in Knox, Lincoln, Sagadahoc, and Waldo Counties between November 2015 and April 2016. Copies of individual reporting forms (pdf) can be viewed at: <https://www.maine-general.org/Pages/District-4-Midcoast-Maine.aspx> by looking under the Community Engagement header and clicking on the forum of interest.

### Community Forums

Meeting	Date	Location
Knox County Forum	1/12/2016	Rockland, ME
Waldo County Forum	1/27/2016	Belfast, ME
Lincoln County Forum	3/9/2016	Wiscasset, ME
Sagadahoc County Forum	3/25/2016	Bath, ME
<b>Total Attending Forums:</b>		<b>148</b>

### Community Events

Meeting	Date	Location
St. George Community Meeting	1/19/2016	St. George, ME
Pen Bay Medical Center Nursing Leadership Mtg.	1/21/2016	Rockport, ME
Union Community Meeting	2/3/2016	Union, ME
Liberty Community Meeting	2/9/2016	Liberty, ME
Access Health/RSU #1 Administrative Team Mtg.	2/23/2016	Bath, ME
Access Health/Brunswick School Dept. Administrative Council [Part of Access Health's service area]	2/23/2016	Brunswick, ME
Boothbay Region Health Class I Focus Group	2/29/2016	Boothbay, ME
Boothbay Region Health Class II Focus Group	2/29/2016	Boothbay, ME
Access Health/MSAD 75 Administrative Team Mtg.	3/1/2016	Topsham, ME
Belfast Children's Coalition	3/3/2016	Belfast, ME
Head Start Parent Group	3/4/2016	Whitefield, ME
Lincoln Academy Health Class I Focus Group	3/7/2016	Newcastle, ME
Lincoln Academy Health Class II Focus Group	3/7/2016	Newcastle, ME
Lincoln Academy Health Class III Focus Group	3/7/2016	Newcastle, ME
Lincoln Academy Health Class IV Focus Group	3/7/2016	Newcastle, ME
Lincoln High School Interview I	3/14/2016	Lincoln County
Lincoln High School Interview II	3/14/2016	Lincoln County
Waldo County Hospital All Dept. Leadership Mtg.	3/22/2016	Belfast, ME
Opiate Community Discussion [Included residents of Sagadahoc County]	3/29/2016	Brunswick, ME



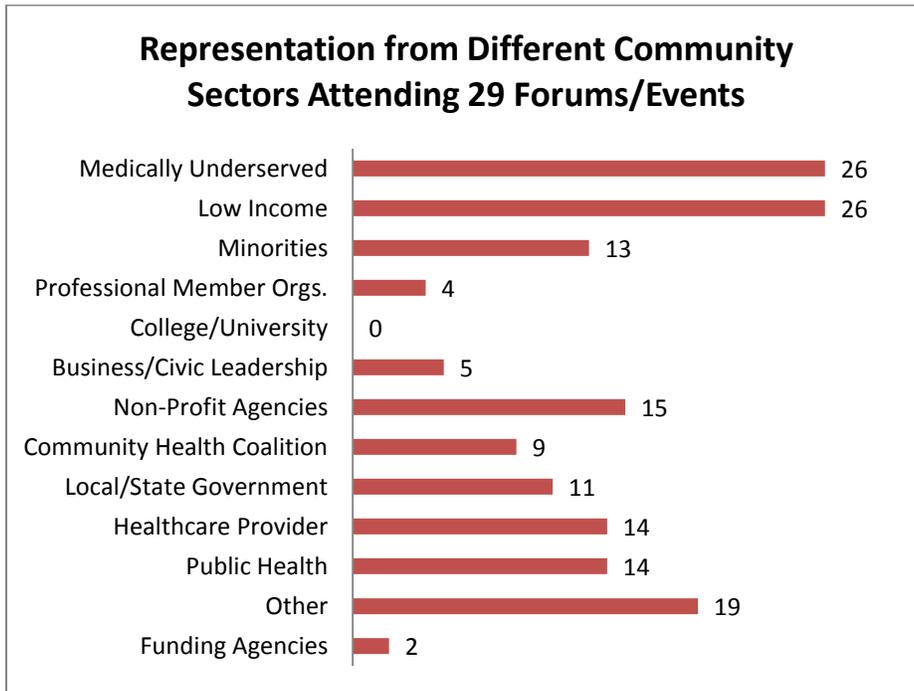
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Pen Bay Medical Center All Dept. Leadership Mtg.	4/8/2016	Rockport, ME
Unitarian Universalist Health Inequity Group [Included residents of Sagadahoc County]	4/8/2016	Brunswick, ME
Spectrum Generations Lunch & Learn	4/13/2016	Jefferson, ME
Access Health/Advisory Board [Included residents of Sagadahoc County]	4/14/2016	Brunswick, ME
Waldo County Hospital PCP Mtg.	4/19/2016	Belfast, ME
Community Mental Health Taskforce [Included residents of Sagadahoc County]	4/21/2016	Brunswick, ME
<b>Total Attending Events:</b>		<b>399</b>

**Total Attending Forums & Events** **547**

Attendance numbers may contain duplicates if one person attended more than one forum/event.

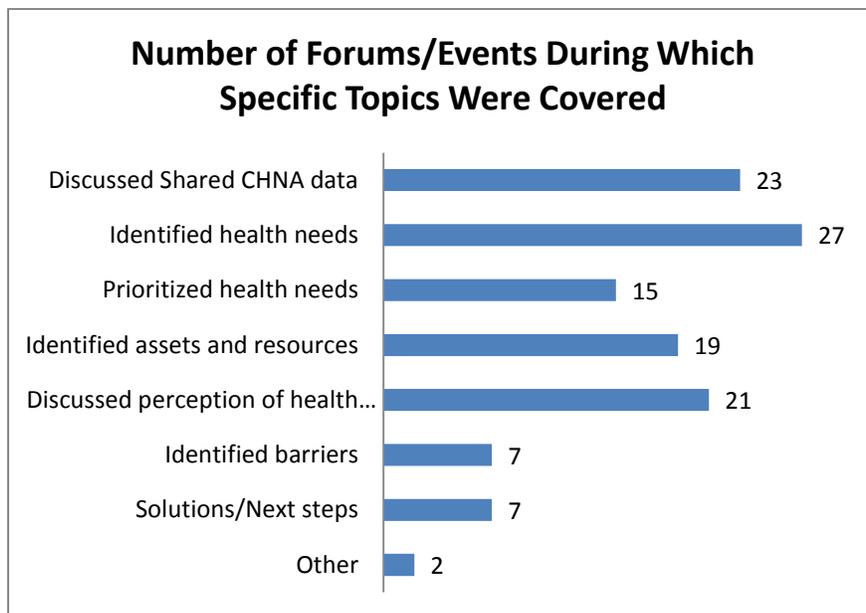
## Community Sectors Represented During Forums and Events



“Medically underserved,” “low income,” and “racial/ethnic minorities” are sub-populations named specifically by the Department of Treasury/IRS regulations.

Other: Youth, LGBTQ youth, Education, Early childhood education, Elderly/Seniors, Senior-serving organizations, Wellness provider, Faith community, Employment services, Schools, Law enforcement, Parents, People in recovery

## Type of Input Obtained During Forums and Events



“Other” included: Who to include going forward, Shared 2015 ME Integrated Youth Health Survey (MIYHS) data

## Community Forums

These forums, organized and co-led by Maine CDC District Liaisons and SHNAPP hospital community benefit representatives, typically consisted of a prepared Power Point presentation followed by breakout sessions on health topics. In general, breakout sessions obtained input about:

- Summary statements about the issue and/or its effect on the community
- Identification of local assets and resources to address the issue
- Identification of barriers to addressing the health issue or needs of the community before more adequately addressing the issue
- Ideas for next steps, how to solve the health issue, who to include, and what the community should look like in the future

### Themes Identified During Lincoln County Forums

#### Health Issue: **Substance Abuse**

**Summary of assets and resources to address issue:** Hospital; behavioral health providers; schools; first responders; law enforcement; treatment providers local coalitions and programs; criminal justice system; Access Health; grant funding for prevention; Mid Coast Hospital; healthcare and behavioral health providers; social service agencies. (See list of specific programs in appendix on page 10-11.)

**Summary of barriers or community needs (if reported):** These fell primarily into **health factors** (limited access to MAT, dental care, limited access to mental health treatment, treatment for low income patients/perception that one cannot afford treatment for substance abuse/lack of Medicare expansion, things for youth to do, general lack of resources, stigma/terminology of ‘addict’ is negative, transportation, unemployment/lack of meaningful work for people who have battled addiction, poverty, access – to treatment, to programs, to therapy, incarceration versus treatment, marijuana dispensary opening in Bath soon, social norms, no treatment facility nearby, childcare, folks return to the same home environment (after treatment), housing (lack thereof and affordability), and limited support network) and **lack of services or resources** (addiction resource center, more practitioners/family therapists/counselors, sponsors for 12-step programs, school policies/integrated care in schools, drug court, no treatment beds available, long waits to receive treatment) . In addition, prevention and treatment are primarily grant funded and a disconnect between law enforcement and the prosecution.

**Summary of next steps, solutions, future ideal:** Continue work on Medicaid expansion (LD 633), transportation, childcare, housing (recovery, halfway, shelter), access to treatment, jobs/job training, community center/sober events, stigma. Integrate services, secure funding locally, obtain more data, educate providers who prescribe medications, and add medication drop box locations. Destigmatize addiction and decrease multigenerational substance abuse, coordinate services (include restorative justice programs, engage teens), ensure more education/communication about prevention and early recognition of substance use disorders, and provide adequate treatment programs/options, intervention programs, and mentoring for youth. Address cultural beliefs about drugs since people have come to believe opiates and marijuana are medicine and using them is not a big deal while at the same time decreasing access to drugs especially among youth. In addition, provide education for various sectors (employers, providers, community members/parents, children, school personnel) and multiple topics (law enforcement training for civilians, ACEs, prevention, early childhood education, workplace policies).

**Health Issue: Physical Activity, Nutrition, Obesity & Cardiovascular Health**

**Summary of assets and resources to address issue:** Generational knowledge; natural community leaders; students in schools; local programs; social services; farms; healthcare; local sports opportunities (adult leagues, school sports); natural resources (recreation space, preserves, waterways); diabetes prevention program; Waldo County Hospital; resources/messages for community members and restaurants to change perceptions/stigma; decrease silos by coordinating efforts and sharing resources; expand HEPA (Healthy Eating and Physical Activity program) at YMCA to provide intentional education with captive audiences; improve vending machine choices; continue to talk about concerns with peers, community members, etc. to raise awareness. (See list of specific programs in appendix on page 11-12.)

**Summary of barriers or community needs (if reported):** Multiple **health factors** including ease of getting processed foods, perception/reality of healthy food costs, preparation time and organization needed for healthy foods, access to healthy choices, perception of only a few active people around play a role in the current situation, not enough coaches for kids sports teams such as track & field, diabetes services quality has decreased since Dr. Linda Tyer left and was not replaced, lack of transportation, stigma, environment (vending machines, restaurants), and funding silos. Additionally, there are not enough **educational resources** (prevention, engaging parents, changing habits, nutrition, updating providers on weight management, not enough awareness by women of different symptoms of heart attack), **schools have barriers** (not following wellness policies, meals offered, not enough activity within day/week), and funding. Two health issues were identified: high blood pressure is the “silent killer” and people don’t know they have it and tobacco use.

**Summary of next steps, solutions, future ideal:** Coordinate efforts for healthy eating and physical activity while breaking down silos, improving access to programs, and decreasing stigma by including all voices. Ensure people and organizations are collaborating (include underserved populations, businesses, Sweetser/mental health agencies, physicians, seniors, farmers, funders, families); use targeted messaging (peer-to-peer, specific age groupings, positive role modeling); provide education throughout the community, parents, and schools to increase awareness of resources and physical activity is good for health and mental health; address access issues to eliminate food insecurity (use locally sourced foods, provide universal breakfast in schools); make changes to the environment (include sidewalks/bike paths). Specific ideas include holding a quarterly forum to share information/resources, reach youth and senior citizens through YMCA programming, hire social workers within physician practices, educate providers that treatment includes lifestyle components instead of simply medications, and generate targeted funding for CSAs and schools.

**Health Issue: Mental Health**

**Summary of assets and resources to address issue:** Local programs and services (non-profit, local/state government, employer’s EAP, healthcare and behavioral health); schools; faith communities; law enforcement. (See list of specific programs in appendix on page 12-13.)

**Summary of barriers or community needs (if reported):** In addition to **health factors** for people with mental health issues (housing, transportation, stigma, fragmented system, dissemination of information within silos or need for plain English/low literacy, isolation, access to health insurance, stoicism/Maine culture-Stay “tough” for too long, stigma/lack of education or awareness, not all providers accept insurance, lack of access to financial/legal advice (navigating financial and legal system barriers), navigating MH/BH systems and complex payment systems, cost of technology- use of telehealth, organization’s policies (competition/silos)) and the need for more (coordinated) services and education, there were many concerns expressed over the workforce needed to support people with mental illness. There is not affordable housing for workers and many seasonal jobs pay better, causing fluctuations in

the quality of care as employees transition to better paying work in the summer and back to the lower paid mental health jobs in the fall. It has been challenging to recruit and retain professionals at all levels.

**Summary of next steps, solutions, future ideal:** Address stigma to improve a sense of belonging to the community; seek adequate insurance coverage for all while providing a continuum of care through optimized service delivery through integration of mental health services within medical homes (coordination for funding, reimbursement, legal, and respite services); increase services and access to them (treatment, crisis, prevention, integrate behavioral health into primary care), and grow the local mental health work force.

#### **Health Issue: Infectious Disease & Lyme Disease**

**Summary of assets and resources to address issue:** Midcoast Lyme Disease Support & Education (resources and education); support groups; infectious disease physicians/PBMC; county extension; schools; town offices; land trust; data; Lyme Conference; local access cable. (See list of specific programs in appendix on page 13-14.)

**Summary of barriers or community needs (if reported):** Culture (Lyme Disease not taken seriously); lack of scientific information; physician education lacking; access to information; understaffing in the region at Maine CDC; a need for all of the following to coordinate and educate about Lyme Disease [a] local health officers, [b] parks and recreation, [c] hospitals, [d] schools, [e] athletic leagues, [f] public land trusts, and [g] local non-profits.

**Summary of next steps, solutions, future ideal:** In general, ensure patient advocacy and utilization of infectious disease providers including education about , understanding the data and applying it to diagnoses, training for medical providers, create/advertise more support groups, and community/school-based sessions on prevention, early treatment, and action steps (lunch and learns, classrooms, summer camp, sports). Specific to Lyme Disease, ensure communication among professional networks (Lincoln Home, land trust, town offices/staff, local access cable channel), provide education about Lyme Disease (risks, protective steps to public, screening guidelines and disease presentation among providers), improve data collection and sharing, and support access to transportation services.

#### **Health Issue: Cancer**

**Summary of assets to resources to address issue:** Funding and grant proposals; prevention programs and screening events; Cancer Care Center (PBMC); media/awareness; prevention messaging – HMP (tobacco), sun screen, colorectal and breast cancer; community messaging; Maine CDC resources. (See list of specific programs in appendix on page 14.)

**Summary of barriers or community needs (if reported):** **Health factors** associated with this issue include transportation, changes in screening guidelines, population age, local fishing/farming industries, health literacy, cost factors for screenings (high out-of-pocket even with insurance and high percentage of uninsured), folks tend to avoid screening and treatment even if they suspect they have a problem, prostate screening – information is changing and we're moving away from PSA model, and colorectal screenings-low screening participation but high access in region (are folks lacking access to primary care?). There is a need for **increased education about prevention and cancer awareness** in addition to resources such as a liaison between healthcare and the community and/or a community health navigator.

**Summary of next steps, solutions, future ideal:** Increase awareness about cancer risks and prevention in the community by sharing resources (Cancer Care Center at PBMC and other community

organizations) through the Free Press or holding events in the community (i.e. St. George Senior Lunch, St. George Rentals, target fishermen, farmers, woodlot workers and students in schools), use testimonials from local people, pair screening events with other activities to make them as pleasant as possible, pay attention to health literacy, support better coordination of services (CA treatment centers in Maine, Spectrum Generations, Waldo CAP, etc.), provide education (about data and how to use it, advocating for self during provider visits, importance of screening), and secure additional resources (HPV vaccine, support for caregivers, radon/arsenic water testing) and services (cancer navigator, social workers/advocates, EPIC prompt for screenings, team meetings, implement standards/guidelines).

## Community Events

These events were organized and carried out by community stakeholders (including Maine CDC District Liaisons, SHNAPP hospital employees, or others who sat on local SHNAPP Community Engagement Committees). Typically already formed groups agreed to hold a presentation about the Shared CHNA data and discuss their reactions based on the group leader's questions. In general, input from events consisted of brief summary statements or questions about health issues and health factors affecting the geographic area.

### Priority health issues identified during Mid Coast District events:

- Obesity/Nutrition/Physical Activity (17 of 25 events)
- Substance Abuse (14 of 25 events)
  - Marijuana use among 12<sup>th</sup> graders
  - Opiates (doing a good job but more needs to be done)
- Mental Health/Co-occurring Mental Health & Substance Abuse (11 of 25 events)
- Infectious Disease/Lyme Disease (7 of 25 events)
- Cancer (7 of 25 events)
- Heart Disease/Cardiovascular Health (3 of 25 events)
- Lead Screenings; Pneumonia ED Rates; AMI Hospitalizations; Oral Health (expand services & offer through Free Clinic); Suicidality (1 of 25 events each)

### Priority health factors identified during Mid Coast District events:

- Transportation (5 of 25 events)
- Access issues (4 of 25 events)
  - PCP shortage, phone systems for physicians offices too difficult to navigate, uninsured, concierge medicine
  - Access issues for cancer screening (costs for both insured and uninsured)
  - Limited access to substance abuse treatment in county (long wait lists, limited options, limited space in programs, costs for uninsured)
  - Lack of health insurance/Healthcare for all/Expand Free Clinic
- Local clinics; Reporting from prisons; Housing issues for older adults; Food insecurity; School Safety/Bullying; School capacity to address mental health among students; Poverty; Target LBG youth and veterans for MH/Co-occurring disorders (1 of 25 events each)

### Assets and resources identified during Mid Coast District events:

- Schools/School counselors & social workers/Prevention programs (9 of 25 events)
- Support groups: AA/NA (6 of 25 events)
- Doctors/Hospitals (6 of 25 events)
- Local gyms (5 of 25 events)
- PenBay Medical Center (4 of 25 events)
  - Cancer Care Committee at PBMC
  - LiveStrong Program at PBMC
  - Infectious Disease & Internal Medicine
  - Pen Bay Internal Medicine
- Addiction Resource Center (3 of 25 events)
- Farms/Farmers (3 of 25 events)

- Food pantries; Churches, especially to reach older populations; People in recovery and families of those in recovery (2 of 25 events each)
- Cancer screening/community events; Newspaper supplements/Free Press- spread the word about cancer awareness and screenings; Ride services (local groups help coordinate rides to get treatment) and Gagnon Fund; Universities: U-Rock, Hutchinson Center; Behavioral health providers; Law enforcement; Intensive outpatient programs (IOPs); Regional committee on youth substance abuse; Peer counselors; Veterinarians; Non-traditional medicine/alternative medicine; Project on Lyme Disease-Carolyn Knight; Midcoast School of Technology-Vicki teaches a class on Lyme Disease; EMTs; Local employers; Local yoga studio; Town offices; Libraries; Resiliency group; YMCA; Rotary Clubs; In Liberty - Walker Center, Walker School, Mason Lodge, local churches, community center; In Montville – Grange, Montville Meeting House, Water Street Learning Center Local hiking trails; HZA (external evaluator for Access Health); Access Health (HMP); Oasis Free Clinic; United Way (ACEs prevention work); MBSR initiatives of Mid Coast Hospital and MH community in schools and youth –serving organizations; Youth Mental Health First Aid program (1 of 25 events each)

**Themes Identified During Mid Coast Events:**

- Increase local services and education associated with substance misuse; some groups prioritized mental health and/or co-occurring (MH/SA) disorders as needing on-going attention in the region; a couple groups asked questions about Narcan access or starting needle exchanges; otherwise discussions and methods for addressing the issues showed different perspectives and focus based on the composition of the group.
- Groups in two of the four counties highlighted the need to improve cancer prevention and screening (type of cancer varied by group); issues of access to screening arose – there are costs for some patients associated with screening whether or not they are insured.
- Many groups recognized health factors (social determinants) as needing to be addressed in order to affect change in community health status (i.e. quality of food at pantries, cost of healthy food at stores, transportation, community cohesiveness/parent involvement, isolation felt by students with mental health and/or learning disabilities, current data, perceptions [Lyme Disease is not taken seriously], poverty, free healthcare/healthcare access).
- There is a lack of Lyme Disease specialists in the area and it would be helpful for healthcare providers and community members to be better informed in preventing, recognizing, diagnosing, and treating Lyme Disease.
- Some groups noted a need to increase community awareness of cardiovascular disease (prevention, screening, and treatment).

**Appendix: Specific resources listed by priority area**

**SUBSTANCE ABUSE**

- Resources for kids:
  - Healthy Lincoln County
  - Student Intervention Re-intervention Training (SIRP)
  - Schools/School counselors/staff education/prevention for students
  - Resource Officers – need one in RSU 20 and could use additional in RSUs 3 and 71
  - DARE
- Resources for adults/parents:
  - Drug Free Communities (DFC) program
- Support groups (AA, NA)
- Addiction Resource Center
- Hospital/PARC unit (detox)
- MBH/PARC Unit (note: MMC grant to help patients with mental health diagnosis maintain employment)
- St. George Squad
- Acadia
- Sweetser
- Eureka Counseling
- EMS
  - EMS -> Law enforcement -> PBMC
- Law enforcement are trying to make a difference
- Substance abuse treatment
- Intensive outpatient programs (IOPs)
- Regional committee on youth substance abuse
- Peer counselors
- Restorative justice
- Seaport Family Practice- Suboxone and support groups
- Care Partners – preventive care
- Rural Health Centers (critical to keep open)
- Re-entry Center – maybe add a facility in Knox
- Making Change (program)
- Prime for Life (program)
- Waldo CAP
- Goodwill
- Medication turn in
- Healthy Waldo County (Healthy Maine Partnership)
- WeCare
- Narcan availability
- Prevention tips
- Topsham Fire (promotes 211)
- Use 211 for other resources, connect

- Out-patient detox program
- Community Collaboration “BOLD” – Building Our Life Drug & Alcohol Free
- Yarmouth High School club
- “Substance Free Fun”
- Shipbuilders committed at Morse High School
- Positively change perception of youth involvement and youth culture to be involved in groups and be substance-free leaders

### **PHYSICAL ACTIVITY & OBESITY**

- Lincoln Health & YMCA partnership for diabetes prevention program
- Wellness policies in schools
- Brunswick as a model for walking/physical active community
- Having educated community – asking individuals, “Do you need to walk?”
- Gardens and farm education – work with them to educate youth
- Focus on Agriculture in Rural Maine Schools (FARMS)/ Local farms
- Natural resources (recreational space, preserves, waterways, HVNC, etc.)
- Models - towns that participate in weight loss challenges (town or county wide)
  - “Pied Piper” example – an individual in the community who is a natural leader who walks everywhere and invites others to join whenever/wherever
  - “Walking with the Doc”
- Adults sports league (pick-up games, recreational fun leagues) – Can be done in school gymnasiums? YMCA? Have them be peer led, not “expert” led which increases participation
- School recreation can potentially limit OR enhance physical activity
- Gyms

### **NUTRITION**

- Access to students in school
- Students/youth trained to become a resource
- After school programs
- YMCA
- Hospital dietary programs
- Focus on Agriculture in Rural Maine Schools (FARMS)/ Local farms
- SNAP-Ed
- Spectrum Generations
- Physicians
- Generational knowledge
- Food pantries

### **CARDIOVASCULAR HEALTH**

- Healthy Waldo County
- 5-2-1-0 Let’s Go! exercise for kids/families
- Parks & Rec Department- planning fitness stations in City Park, intern Emily Sirianni will offer yoga class for seniors and kids summer camp
- YMCA
- Master’s USA Track & Field ages 30 & up

- Sweetser offers stress and trauma help
- Cardiac Rehab phase 3 at WCGH offers supervised exercise in a social environment for anyone who is overweight or has a waist measurement above 35 inches-no need to have a heart incident
- Walker Center in Liberty
- Walker School
- Mason Lodge in Liberty
- Local churches
- Liberty Community Center
- Montville Grange
- Montville Meeting House
- Water Street Learning Center
- Local hiking trails
- Local employers
- Pen Bay Internal Medicine
- Local yoga studio
- Town offices
- Libraries
- Resiliency group
- Worksites (partner to share information)
- Employee Assistance Programs
- Rotary Clubs

#### **OBESITY**

- Funding
- Community members (continue to talk about concerns with peers, community members, etc. to raise awareness)
- Restaurants
- HEPA (Healthy Eating and Physical Activity) program at YMCA

#### **MENTAL HEALTH**

- Outpatient counseling in primary care/embedded social worker
- Maine Behavioral Health Crisis Services
- Medication management with family practitioners, pediatricians
- Psychiatry through Lincoln Health
- Mobius: *140 people we have 3 psychiatrists (1 in Lincoln County) specific to our population*
- W.I.S.E Program (Wellness Independence in a Supportive Environment) in Boothbay
- Access to onsite social worker and psychologist for schools
- School (Wiscasset) hosts outside agencies for services
- Schools (guidance, school-based health center)
- Crisis Services Medical Management with family practice and pediatrics
- Opportunities to build connections and relationships with current support such as volunteer network in Boothbay and faith-based community in Damariscotta
- Mental Health First Aid/Youth Mental Health First Aid trainings
- Sagadahoc Board of Health
- Access Health (HMP)

- Senator King’s Office(voice for access to affordable quality care, Federal grants)
- State Administration allowing for grant funding
- Advocates (persistent voice)
- Vote, stay informed “civic literacy”, be the change you want to see, collaborative impact, self-empowerment of people
- Local Health Officers
- Primary Care Providers
- Employee Assistance Program (EAP)
- Area Aging Center
- Crisis Provider Network
- YMCA-Financial Assistance Programs
- MCH/MCMG (inpatient MH care, outpatient care, ARC, ER, AS liaison)
- Sweetser/Maine BH
- Public Health Nurses
- Home Health Nurses
- NAMI Maine
- Employee Wellness-Resiliency Training
- SASSM/New Hope
- Enlightened and trained law enforcement
- Family Planning
- Tedford Shelter
- Oasis Health
- Maine families
- Early HeadStart
- Faith Communities
- Child Advocacy Centers

#### **LYME DISEASE**

- Midcoast Lyme Disease Support & Education (Prevention)
- Doctors offices
- Town offices (share print resources)
- Non-profits (share print resources)
- Land Trust – have information at the kiosks
- Find champions in the towns to make awareness/education happen
- State will be releasing data soon that will be town-level data so that each community will have a stake in getting the information out
- Lyme Conference, 4/30/16 at the Wiscasset Community Center 8:00 to 5:00
- Working on education around tick prevention at events, having their coordinators trained to be able to give the best safety information before going out on the trails
- Spotlight on Seniors – Steven Raymond, from Lincoln Home, he may be able to get messaging out via his program

#### **INFECTIOUS DISEASE**

- Knox County Lyme Support Group
- 2 infectious disease physicians at hospitals
- County extension offices
- Personal resources/network
- Education in schools
- Town hall (brochures, educational items)
- Pen Bay Medical Center website as a resource for dispersing information
- Project on Lyme Disease-Carolyn Knight
- Midcoast School of Technology-Vicki teaches a class on Lyme Disease

### **CANCER**

- HMP Funding for screening/education
- Tobacco prevention
- Grant proposals
- Education – schools, childcare providers, YMCA, churches, employers to focus on wellness & share information
- Community Health & Wellness programs at PBMC
- Cancer Care Center and Dermatology Dept. at PBMC
- Newspapers/advertising of what is being offered
- Diet/nutrition and its impact on prevention/treatment of cancer
- Skin Assessment – Fisherman’s Forum
- Maine Cancer Foundation
- Maine Cervical & Breast Cancer Program (for women over 40)
- Neighbor to Neighbor program in St. George
- Schools (to educate about dangers of tanning and need for sunscreen)
- Ride services – local groups help coordinate rides to get treatment
- Gagnon Fund – helps offset travel costs with gas cards
- Churches
- Universities: U-Rock, Hutchinson Center
- Walker Center in Liberty
- Walker School
- Mason Lodge in Liberty
- Liberty Community Center
- Montville Grange
- Montville Meeting House
- Water Street Learning Center
- Hospital/providers/regional health centers for screening
- Employers/worksites for education
- Waldo CAP